

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012322	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/10/2015
NAME OF PROVIDER OR SUPPLIER MOWEAQUA REHAB & HCC		STREET ADDRESS, CITY, STATE, ZIP CODE 525 SOUTH MACON STREET MOWEAQUA, IL 62550		
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S 000	Initial Comments First Probationary Licensure survey	S 000		
S9999	Final Observations Statement of Licensure Violations: Disaster Preparedness 300.670c), 300.670c)3), 300.670d) and 300.670k) 1), 2), and 3) Fire drill shall be held at least quarterly for each shift of facility personnel. Disaster drills for other than fire shall be held twice annually for each shift of facility personnel. Drills shall be held under varied conditions to evaluate the effectiveness of disaster plans and procedures. Fire drills shall include simulation of the evacuation of residents to safe areas during at least one drill each year on each shift.. Annually, each facility shall forward copies of all disaster policies and plans required under this Section to the local health authority and local emergency management agency having jurisdiction. Annually, each facility shall forward copies of its emergency water supply agreements, required under Section 300.2620d), to the local health authority and local emergency management agency having jurisdiction. Each facility shall provide a description of its emergency source of electrical power, including the services connected to the source, to the local health authority and local management agency having jurisdiction. The facility shall inform the local authority and local emergency management agency at any time that the emergency source of power or services connected to the source are changed.	S9999		

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S9999	<p>Continued From page 1</p> <p>These Requirements were not met as evidenced by the following:</p> <p>Based on record review and interview, the facility failed to conduct two fire drills on the night shift and one fire drill on each of the day and the evening shifts for last complete four quarters; failed to conduct one disaster drill on the day shift, one disaster drill on the evening shift, and two disaster drills on the night shift in the past year; failed to conduct an evacuation drill for each shift in the past year; failed to evaluate the personnel performance and effectiveness during drills; and failed to provide copies of the facility's disaster plan, emergency water plan, and the source of emergency power to the local health authority and local emergency agency. This has the potential to affect all 34 residents in the facility.</p> <p>Findings include:</p> <p>Fire and disaster drill records for the last four complete quarters (July 2014 to June 2015) indicate one fire drill was not conducted for the third shift (10:00 P.M. to 6:00 A.M.) during the fourth quarter of 2014 and the first quarter of 2015, for the first shift (6:00 A.M. to 2:00 P.M.) during the second quarter of 2015, and for the second shift (2:00 P.M. to 10:00 P.M.) during the second quarter of 2015. The disaster drills were not conducted for the first shift or for the second shift. Two disaster drills were not conducted for the third shift.</p> <p>Documentation was not found that the facility had conducted any evacuation drills or evidence that an evacuation drill was not conducted as part of a fire or disaster drill. No evidence that an evacuation drill was conducted to move residents</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>to a safe area.</p> <p>The fire and disaster drills records did not have any evaluation of the effectiveness of the drills, the response of the staff, or comments any issues or concerns that had developed.</p> <p>E1, Administrator was interviewed on 9-9-15 at 9:50 A.M. regarding the absence of the drills and documentation. E1 stated what was reviewed is the only thing E1 could find. E1 stated that E1 could not find evidence that the facility's disaster plan, emergency water plan and the source of emergency power was given to the local health authority and local emergency agency. On 9-8-15 at 9:30 A.M., E1 stated that the facility's resident census is 34 residents.</p> <p style="text-align: center;">(B)</p> <p>-----</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures: Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall</p>	S9999			

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S9999	<p>Continued From page 3</p> <p>be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. This Requirement is not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to secure indwelling urinary catheter tubing for two of two residents (R101, R103) reviewed for indwelling urinary catheters in a sample of five.</p> <p>Findings include:</p> <p>The facility policy on Urinary Catheter Care dated 10/2010 states, "Secure catheter utilizing a leg band."</p> <p>1. On 9/08/15 at 11:15a.m. E4 (Certified Nurse Aide/CNA) and E5 (CNA) were providing indwelling urinary catheter care to R103. R103's catheter tubing was not secured to R103's leg and was hanging freely between R103's legs. On 9/08/15 at 11:35a.m. E4 verified R103's indwelling urinary catheter tubing was not secured to R103's leg stating, "(R103) doesn't use a leg belt or anything."</p> <p>2. On 9/08/15 at 1:10p.m. E6 (Wound Nurse) and E7 (Certified Nurse Aide) were assisting R101 with cares. R101's indwelling urinary catheter tubing was not secured to R101's leg and was hanging freely between R101's legs. On 9/09/15 at 3:00p.m. E2 (Director of Nurses)</p>	S9999		

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S9999	Continued From page 4 verified residents with indwelling urinary catheters should have the catheter tubing secured to the residents' leg. (B) Section 300.1210 General Requirements for Nursing and Personal Care d) 5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing. Section 300.1220 Supervision of Nursing Services b) 3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months. Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives	S9999		

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S9999	<p>Continued From page 5</p> <p>of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.</p> <p>This requirement was not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to prevent, obtain treatment orders, and provide individualized pressure ulcer prevention interventions for one of two residents (R103) reviewed for pressure ulcers in a sample of five.</p> <p>Findings include:</p> <p>A facility Pressure Ulcer Prevention policy dated 11/2010 states, "A standardized pressure ulcer risk assessment (Braden Scale) will be used to identify residents who are at risk for the development of pressure ulcers...An individual plan of prevention will be developed to meet the needs of the resident. It will include the consideration of mechanical support surfaces...positioning, mobility, continence, skin condition and overall clinical condition of the residents well as the risk factors as they apply to each individual." The policy also states, "The Wound Care Nurse or designated licensed nurse will conduct weekly assessments of existing pressure ulcers...The assessment should include... stage...Physician's orders for specific treatment will be obtained." The policy states that residents at moderate risk of developing pressure ulcers will have care plan interventions to include, "Turning schedule...pressure redistribution support surfaces in chair and bed,."</p> <p>R103's Norton Skin assessment score dated</p>	S9999		

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S9999	Continued From page 6 3/16/15 documents R103 was low risk for developing a pressure ulcer. R103's Norton Skin assessment dated 6/01/15 and 8/14/15 document R103 is at a moderate risk of developing a pressure ulcer. R103's pressure ulcer wound log documents R103 developed a pressure ulcer to the right heel on 5/26/15. The wound log documents R103's right heel wound was staged as UTD (unable to determine) and was described as having a purple, scaly wound bed and edges. The pressure ulcer wound log does not include weekly wound documentation for R103's right heel between 7/01/15 and 8/05/15. R103's pressure ulcer wound log also documents R103 developed a stage two pressure ulcer to the coccyx on 7/17/15. R103's Nurse's notes dated 5/26/15 to 7/05/15 do not include documentation R103's physician was notified of R103's right heel pressure ulcer which developed 5/26/15. Nurse's notes dated 7/17/15 to 7/20/15 document R103 did not obtain physician orders for the treatment to R103's coccyx pressure ulcer until 7/20/15, R103's physician's orders (POS) document R103 did not receive treatment orders for the stage two coccyx pressure ulcer until 7/20/15. R103's POS documents R103 did not receive a physician's ordered treatment for the right heel pressure ulcer which developed 5/26/15 until 8/07/15. R103's treatment administration record (TAR) dated 7/2015 documents a physician ordered treatment to R103's coccyx pressure ulcer which developed 7/17/15 which did not begin until 7/20/15. R103's TAR dated 8/2015 documents a physician ordered treatment to R103's right heel which did not begin until 8/07/15. R103's pressure ulcer care plan dated 6/10/15 documents R103 has the potential for skin breakdown with the goal that R103's skin will	S9999			

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S9999	Continued From page 7 remain intact. R103's care plan documents that R103 had met the goal of no skin breakdown as of 6/10/15. R103's care plan dated 7/20/15 documents R103 has a stage two pressure ulcer to the coccyx with the interventions of: skin checks weekly, treatment as ordered, measure and document weekly, notify physician if signs and symptoms of infection, and monitor every shift. R103's care plan does not include resident specific pressure ulcer relief/prevention interventions such as mechanical support surfaces...positioning, mobility, continence, skin condition and overall clinical condition of the resident. R103's Minimum Data Set assessment dated 8/17/15 documents R103 requires extensive assistance of two people for bed mobility and transfers. On 9/08/15 at 11:15a.m. R103 was sitting in a wheelchair in R103's room. E4 and E5 (Certified Nurse Aides) applied a gait belt to R103 then using extensive assistance, transferred R103 onto the foam mattress on R103's bed. E6 (Wound Nurse) began changing R103's right heel and coccyx pressure ulcer dressings. E6 measured R103's right heel wound as 0.6cm (centimeters) long x 0.3cm wide x 0.1cm deep and noted the wound bed was a whitish yellow in color. E6 stated R103's right heel wound is an unstageable pressure ulcer. E6 removed R103's coccyx dressing and measured R103's coccyx wound as 1.0cm wide x 1.0cm long x 0.0cm deep and noted the wound bed had a pinkish tan wound bed. E6 stated R103's coccyx wound is a stage two pressure ulcer. On 9/09/15 at 12:00p.m. E8 (Care Plan Coordinator) stated E8 performed the Norton skin assessment to measure R103's risk of developing pressure ulcers. E8 verified R103 scored as low risk for developing a pressure ulcer	S9999		

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S9999	<p>Continued From page 8</p> <p>on the 3/16/15 assessment. E8 also verified R103 was assessed as a moderate risk of developing a pressure ulcer on the 6/01/15 and 8/14/15 assessments despite having two pressure ulcers at the time of the assessments. E8 verified R103's care plan did not include resident specific measures for prevention or treatment of pressure ulcers once R103 developed a stage two pressure ulcer to the coccyx. E8 verified R103 did not have a pressure reducing mattress added to R103's bed as a pressure reduction measure. E8 stated staff turn and reposition R103 every two hours. E8 verified R103's care plan did not include interventions for turning and repositioning.</p> <p>On 9/09/15 at 3:00p.m. E2 (Director of Nurses) stated the facility had no documentation R103 had been turned and repositioned prior to approximately one week ago. E2 stated the facility had just started documenting when residents are turned and repositioned.</p> <p>(B)</p> <p>Section 300.1630 Administration of Medication b) The facility shall have medication records that shall be used and checked against the licensed prescriber's orders to assure proper administration of medicine to each resident. Medication records shall include or be accompanied by recent photographs or other means of easy, accurate resident identification. Medication records shall contain the resident's name, diagnoses, known allergies, current medications, dosages, directions for use, and, if available, a history of prescription and non-prescription medications taken by the resident during the 30 days prior to admission to the facility.</p> <p>This requirement is not met as evidenced by:</p>	S9999			

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S9999	<p>Continued From page 9</p> <p>Based on observation, interview, and record review the facility failed to prevent incorrect medications from being administered to one of two residents (R103) reviewed for medication administration on a sample of five, and two residents (R110, R111) on the supplemental sample.</p> <p>Findings include:</p> <p>The facility Administering Medications policy dated 12/2012 states, "Medications must be administered in accordance with the orders..."</p> <p>1. On 9/08/15 at 12:40p.m. E2 (Director of Nurses) was administering medications to R103. E2 withdrew a bottle of Oyster Shell calcium 250mg (milligrams) with Vitamin D 125 IU (international units) from the medication cart then administered two tablets to R103. R103's physician's order (POS) documents R103's was prescribed Oyster Shell calcium 500mg with Vitamin D 200 IU one tablet two times daily.</p> <p>2. On 9/08/15 at 12:55p.m. E2 was administering medications to R110. E2 withdrew a bottle of Calcium 600mg with Vitamin D 400 IU from the medication cart then administered one tablet to R110. R110's physician's order documents R110 was prescribed Calcium 600mg one tablet without Vitamin D.</p> <p>3. On 9/09/15 at 8:20a.m. E3 (Licensed Practical Nurse) was administering medications to R111. E3 withdrew a bottle of Calcium 600mg with Vitamin D 800 IU from the medication cart then administered one tablet to R111. R111's physician's order documents R111 was prescribed Calcium 600mg one tablet without Vitamin D.</p> <p>On 9/09/15 at 9:50a.m. E3 verified R111's</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>physician order for Calcium 600mg do not include the addition of Vitamin D to the calcium. (B)</p> <p>Section 300.3220 Medical Care k) A resident shall be permitted respect and privacy in his or her medical and personal care program. Every resident's case discussion, consultation, examination and treatment shall be confidential and shall be conducted discreetly, and those persons not directly involved in the resident's care must have his or her permission to be present. (Section 2-105 of the Act)</p> <p>This requirement is not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to maintain resident's visual privacy during cares for one of five residents (R101) reviewed for privacy in a sample of five.</p> <p>Findings include:</p> <p>The facility Quality of Life-Dignity policy dated 10/2009 states, "Staff shall promote, maintain and protect resident privacy, including bodily privacy during assistance with personal care and during treatment procedures."</p> <p>On 9/08/15 at 1:20p.m. E6 (Wound Nurse) was performing a skin and wound assessment to R101. R101 was turned to the side facing the window without covers which exposed R101's nude body from the waist down. E7 (Certified Nurse Aide) opened the door to R101's room which exposed R101's nude body from the waist down to the hallway.</p> <p>On 9/09/15 at 2:20p.m. E2 (Director of Nurses) verified staff should maintain residents' bodily privacy during personal care by closing doors and</p>	S9999			

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